

MARYLAND APPLICATION FOR LICENSURE

Maryland Board of Examiners of Psychologists
4201 Patterson Avenue
Baltimore, Maryland 21215
410-764-4787
Fax: 410-358-7896
www.dhmdh.md.gov/psych

FOR OFFICE USE ONLY

LICENSE NUM/DATE: _____
EPPP SCORE/DATE: _____
LAW SCORE/DATE: _____
REVIEWER: _____
DATE REVIEWED: _____
COMMENTS: _____

TYPE OR PRINT ALL INFORMATION

APPLICATION FEE \$200.00 (NON-REFUNDABLE)

DEMOGRAPHIC INFORMATION

Social Security No.		Date of Birth:		Place of Birth:		
Name:	Last:	Maiden:		First:		MI:
Address:						
Street		City		County	State	Zip Code
Home Phone:		Work:	Cell:	Email:		
Province/Country If not U.S.						

EDUCATION

OFFICIAL TRANSCRIPTS MUST BE SENT FROM SCHOOLS

Highest Degree Earned:			Institution:	Specialization/Program
		From	To	
Other Degree Earned:			Institution:	Specialization/Program
		From	To	
Other Degree Earned:			Institution:	Specialization/Program
		From	To	

PROFESSIONAL EXPERIENCE

List all professional experience that began after the completion of 36 semester hours of graduate study (list most recent first).

Name and Address of Facility:		From:	To:
Title:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Number of hours worked per week: Total number of hours worked:		
Supervisor's Name and Title:		Supervisor's Highest Degree:	
Supervisor's Address:		Phone Number:	

Job Duties:

PROFESSIONAL EXPERIENCE cont.

Name and Address of Facility:		From:	To:
Title:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Number of hours worked per week: Total number of hours worked:		
Supervisor's Name and Title:		Supervisor's Highest Degree:	
Supervisor's Address:		Phone Number:	
Job Duties:			

Name and Address of Facility:		From:	To:
Title:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Number of hours worked per week: Total number of hours worked:		
Supervisor's Name and Title:		Supervisor's Highest Degree:	
Supervisor's Address:		Phone Number:	
Job Duties:			

Name and Address of Facility:		From:	To:
Title:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Number of hours worked per week: Total number of hours worked:		
Supervisor's Name and Title:		Supervisor's Highest Degree:	
Supervisor's Address:		Phone Number:	
Job Duties:			

INFORMATION

1. Are you a resident of the State of Maryland? Yes ☐ No ☐

2. Do you intend to practice Psychology in Maryland? Yes ☐ No ☐ (If no please explain)

3. Are you licensed, certified, or registered by any governmental agency or government Board in any state, county or jurisdiction?
Yes ☐ No ☐ (If yes explain)

INFORMATION cont.

4. Do you hold a current Certificate of Professional Qualification in Psychology issued by the Association of State and Provincial Psychology Boards? Yes ☐ No ☐ (If yes provide year obtained and send copy with application)
5. Are you credentialed as a Health Service Provider by the National Register? Yes ☐ No ☐ (provide date and provide proof)
6. Have you ever applied for a psychology license/certificate from a governmental Board and been rejected for any reason including, but not limited to, lack of educational requirements and experience? Yes ☐ No ☐ (Explain yes answer)
7. Has any license, certificate, diploma, or privilege in psychology ever been granted to you and subsequently revoked or suspended for any reason, or have you been reprimanded, admonished and/or placed on probation by any disciplinary authority, agency, employer, or institution? Yes ☐ No ☐ (Explain yes answer)
8. Have you ever pleaded guilty or nolo contendere to a crime or been convicted of a crime? Yes ☐ No ☐ (Explain)
9. Have you ever been investigated or charged with unethical practices or unprofessional conduct, or are you presently being investigated or under charges? Yes ☐ No ☐ (If yes, submit a certified copy of your criminal history record)
10. Have you ever taken and passed the Examination for Professional Practice In Psychology? Yes ☐ No ☐
If "Yes", complete the following : Date _____ State: _____ Score: _____
11. Have you ever failed this examination? Yes ☐ No ☐
If "Yes", give date(s) and state(s): _____

GENDER AND ETHNICITY: *This information is optional and will be used for statistical purposes by authorized personnel.*

Gender: ☐ Male ☐ Female

Ethnicity: ☐ White ☐ Black/ African American ☐ Asian ☐ Hispanic/Latino
☐ Native Hawaiian/Pacific Islander ☐ American Indian/Alaska Native

REFERENCES

References are required from three psychologists, preferably licensed or certified who can address issues of professional education; professional supervised experience, competence, professional conduct, and moral character. One reference must be from the supervisor of your post-doctoral training. The letters should also include any other information that would be of value to the Board of Examiners of Psychologists in considering the applicant. Do not list individuals with whom you have a close personal relationship or who work under your supervision.

Name	Title and Position	Address and Telephone Number	Length of time Known

The Board may request additional information or may request that the applicant appear before the Board.

I acknowledge and agree that any person, association or institution listed in this application may be contacted by the Board.

Applicant's Signature: _____ Date: _____

The acceptance of your application to sit for the licensure examination does not guarantee the award of a license.

PHOTOGRAPH

Attach a recent passport type
photograph (2"x2")

Applicant must sign the back
of the photograph.

AFFIDAVIT

The undersigned, being duly sworn deposes and says that he or she is the person who executed this application; that the statements contained herein are true and correct to the best of his or her knowledge and belief; that he or she has not suppressed any information that might affect this application; that he or she will abide by the ethical standards and conduct of this profession; and has read and understands this affidavit. I certify that the attached photograph is a true likeness of the applicant.

APPLICANT'S SIGNATURE: _____ DATE: _____

Mail completed application and \$200.00 fee, payable to:

The Board of Examiners of Psychologists
4201 Patterson Avenue
Baltimore, Maryland 21215

Notary

State of _____ County of _____

Sworn before me this _____ day of _____, 20__.

Notary Public Signature _____

Notary Stamp

Expiration date ____ / ____ / ____.